



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

State Form 4604 (R15 / 5-19)  
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ Yes ☐ No If Yes, please enter the file number in this box. →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Acord		First Name Jason		Middle Name Darren	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 1730 N. Locke Street Kokomo IN 46901				5. FAX (Optional)		6. E-mail Address (Optional) wmfrontload@aol.com	
7. City Kokomo	State IN	ZIP Code 46901	8. County Howard	9. Telephone (Day) (765) 437-7748	10. Telephone (Evening) (765) 437-7748		
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City Council District #1			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Friends to Elect Jason Acord				14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1730 N. Locke Street Kokomo IN 46901				15. FAX (Optional)		16. E-mail Address (Optional) wmfrontload@aol.com	
17. City Kokomo	State IN	ZIP Code 46901	18. County Howard	19. Telephone (765) 437-7748	20. Committee Organization Date (mm/dd/yy) 02-04-19						
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. Jason Darren Acord				22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1730 N. Locke Street Kokomo IN 46901				23. FAX (Optional)		24. E-mail Address (Optional) wmfrontload@aol.com	
25. City Kokomo	State IN	ZIP Code 46901	26. County Howard	27. Telephone (Day) (765) 437-7748	28. Telephone (Evening) (765) 437-7748						
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Financial Builders FCU											
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) To relieve and expend funds for elected office						31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jennifer Lynn Acord				33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. Jennifer Lynn Acord				34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 1730 N. Locke St Kokomo IN 46901				35. FAX (Optional)		36. E-mail Address (Optional) jeniferacord@aol.com	
37. City Kokomo	State IN	ZIP Code 46901	38. County Howard	39. Telephone (Day) (765) 432-5325	40. Telephone (Evening) (765) 432-5325										

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment Jennifer Lynn Acord			
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Jason D Acord	Signature of Chairperson	Date (mm/dd/yy) 2-1-23
43. Typed or Printed Name of Candidate Jason D Acord	Signature of Candidate	Date (mm/dd/yy) 2-1-23

**Warning:** State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

**FILED**

FEB 02 2023

**DEBBIE STEWART**  
Clerk Howard Cir. Court

8:01 A.M.